



ROSS MILLER
Secretary of State
204 North Carson Street, Ste 1
Carson City, Nevada 89701-4299
(775) 684 5708
Website: www.nvsos.gov

Certificate of Revival

(PURSUANT TO NRS 78.730 AND 81.010)

Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Revival for a Nevada Corporation
**(For Corporations Governed by
NRS 78.730 and 81.010)**

1. Name of corporation:

2. Registered Agent for service of process: (check only one box)

☐ Commercial Registered Agent:
Name

☐ Noncommercial Registered Agent
(name and address below)

☐ Office or Position with Entity
(name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

NEVADA
Street Address City Zip Code

NEVADA
Mailing Address (if different from street address) City Zip Code

3. Date when revival of charter is to commence or be effective, which may be, before the date of the certificate:

(month, day, year)

4. Indicate whether or not the revival is to be perpetual, and, if not perpetual, the time for which the revival is to continue. The corporation's existence shall be:

PERPETUAL or
(Time for which the revival is to continue)



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5. Names and addresses of **President, Secretary, Treasurer and Directors:** (additional pages may be attached as necessary)

Name of **President** or equivalent

Address

City

State

Zip Code

Name of **Secretary** or equivalent

Address

City

State

Zip Code

Name of **Treasurer** or equivalent

Address

City

State

Zip Code

Name of **Director**

Address

City

State

Zip Code

Name of **Director**

Address

City

State

Zip Code



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6. The undersigned declare that the corporation desires to revive its corporate charter and is, or has been, organized and carrying on the business authorized by its existing or original charter and amendments thereto, and desires to continue through revival its existence pursuant to and subject to the provisions of Chapters 78 and/or 81.

7. Check one:

☐ The undersigned declare that they have obtained written consent of the stockholders of the corporation holding at least a majority of the voting power and that this consent was secured; furthermore, that they are the person(s) designated or appointed by the stockholders of the corporation to revive the corporation.

☐ The undersigned declare that they are the person(s) who have been designated by a majority of the directors in office to sign this certificate and that no stock has been issued. Membership approval not required under NRS 81.010(2).

X _____
Signature

Title

X _____
Signature

Title

A REGISTERED AGENT ACCEPTANCE *MUST* ACCOMPANY THIS CERTIFICATE

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.



ROSS MILLER
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204 North Carson Street, Suite 1
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Filing Instructions for the Revival of a Nevada Corporation or Limited-Liability Company

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

REVIVAL INSTRUCTIONS

(For **Nevada** Corporations and Limited-Liability Companies)

Enclosures: Certificate of Revival, annual list (officers/directors) (managers/members), Registered Agent Acceptance, Change of Registered Agent by Represented Entity, fee schedule, Customer Order Instructions and ePayment Checklist.

Complete the customer order instructions and attach to the front of the application packet for submission. A completed and signed annual list, registered agent acceptance form and/or completed change of registered agent by represented entity form and fees must accompany the revival application. A list of persons or corporations who are registered with this office who are willing to serve as registered agents can be obtained by visiting our website www.nvsos.gov, or by calling this office.

You will need to know the following in order to complete the forms and properly calculate the revival fees:

- #1. The filing period of the last list (officers/directors) (managers/members) filed in this office, if any.
- #2. The total number of authorized shares and the par value, if any, of the corporation at the time of revocation, dissolution or expiration of the corporation (except for non-stock non profit corporations and limited-liability companies).
- #3. The name and address of the last known registered agent of record in this office.

If you do not already have documents containing this information, you may submit a written request for copies along with the entity name **and** file number. If no entity number is supplied and the records cannot be found by entity name, an in-depth search is required. If that is the situation, you will need to submit a written request for a search (provide name of entity) and \$50.00 for the search fee. If the entity is found, you will receive written confirmation of the file number. At that point, you may proceed with requesting copies by referencing the name and file number.

Once you have received this information, please call this office at (775) 684-5708 and request the Amendments Division for assistance in calculating the revival fees*. If you wish to utilize our 24-hour, 2-hour or 1-hour expedite services, please refer to the attached fee schedules indicating the additional fees for these special services. If you choose one or more of the expedite services, please be sure to include the word "**EXPEDITE**" in your correspondence.

* Fees are based primarily on the number of years that lists have not been filed and on the total authorized capital stock, if applicable.

Filing may be submitted at the office of the Secretary of State or by mail at the following address:

Secretary of State
Amendment Division
204 North Carson Street, Suite 1
Carson City NV 89701-4299
Phone: 775-684-5708
Fax: 775-684-5731

(NONPROFIT) ANNUAL LIST OF OFFICER, DIRECTORS AND REGISTERED AGENT OF

FILE NUMBER

NAME OF CORPORATION

FOR THE FILING PERIOD OF

TO

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

A FORM TO CHANGE REGISTERED AGENT INFORMATION CAN BE FOUND ON OUR WEBSITE:
www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)****YOU MAY NOW FILE YOUR ANNUAL LIST ONLINE AT www.nvsos.gov******IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An **Officer** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional officers, attach a list of them to this form.
3. Return the completed form with the \$25.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. Make your check payable to the Secretary of State. Your canceled check will constitute a certificate to transact business.
5. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
6. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
7. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.

FILING FEE: \$25.00 (IF NO CAPITALIZATION) LATE PENALTY: \$50.00

| | |
|---------------------------------|---|
| NAME <input type="text"/> | TITLE(S) PRESIDENT (OR EQUIVALENT OF) |
| ADDRESS <input type="text"/> | CITY <input type="text"/> |
| | STATE <input type="text"/> |
| | ZIP CODE <input type="text"/> |
| NAME <input type="text"/> | TITLE(S) SECRETARY (OR EQUIVALENT OF) |
| ADDRESS <input type="text"/> | CITY <input type="text"/> |
| | STATE <input type="text"/> |
| | ZIP CODE <input type="text"/> |
| NAME <input type="text"/> | TITLE(S) TREASURER (OR EQUIVALENT OF) |
| ADDRESS <input type="text"/> | CITY <input type="text"/> |
| | STATE <input type="text"/> |
| | ZIP CODE <input type="text"/> |
| NAME <input type="text"/> | TITLE(S) DIRECTOR |
| ADDRESS <input type="text"/> | CITY <input type="text"/> |
| | STATE <input type="text"/> |
| | ZIP CODE <input type="text"/> |

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X**Signature of Officer**

Title

Date



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
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Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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Certificate of Acceptance of Appointment by Registered Agent:

In the matter of

Name of Business Entity

I,

Name of Registered Agent

am a: (complete only one)

- a) ☐ commercial registered agent listed with the Nevada Secretary of State,
- b) ☐ noncommercial registered agent with the following address for service of process:

Nevada
Street Address City Zip Code

Nevada
Mailing Address (if different from street address) City Zip Code

and hereby state that on I accepted the appointment as registered agent
Date

for the above named business entity.

Signature:

X

Authorized Signature of R.A. or On Behalf of R.A. Company

Date



ROSS MILLER
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Statement of Change of Registered Agent by Represented Entity

(PURSUANT TO NRS 77.340)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Entity as currently on file:

2. Entity File Number:

3. Type of information being changed by this statement: (check only one)

- ☐ Change of Commercial Registered Agent
- ☐ Change of Name and Address of Noncommercial Registered Agent
- ☐ Change of Name, Title of Office or Other Position with Entity to whom service is to be sent and Address of the Business Office of that Person.

4. Information in effect upon the filing of this statement:

a) Commercial Registered Agent: (change requires a signed registered agent acceptance)

Name

b) Noncommercial Registered Agent: (change requires a signed registered agent acceptance)

Name

| | | | |
|--|------------------------------|--------|----------------------------------|
| <input type="text"/> Street Address | <input type="text"/> City | Nevada | <input type="text"/> Zip Code |
|--|------------------------------|--------|----------------------------------|

| | | | |
|--|------------------------------|--------|----------------------------------|
| <input type="text"/> Mailing Address (if different from street address) | <input type="text"/> City | Nevada | <input type="text"/> Zip Code |
|--|------------------------------|--------|----------------------------------|

c) Title of Office or Other Position with Entity:

Name of Title or Position

| | | | |
|--|------------------------------|--------|----------------------------------|
| <input type="text"/> Street Address | <input type="text"/> City | Nevada | <input type="text"/> Zip Code |
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| <input type="text"/> Mailing Address (if different from street address) | <input type="text"/> City | Nevada | <input type="text"/> Zip Code |
|--|------------------------------|--------|----------------------------------|

5. Signature of Represented Entity:

X

Authorized Signature

Date

6. I hereby accept appointment as Registered Agent for the above named Entity.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

Date

FEE: \$60.00

This form must be accompanied by appropriate fees.



ROSS MILLER
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202 North Carson Street
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Customer Order Instructions

Service Requested: ☐ Regular ☐ 24-Hour Expedite (additional fee included)

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

Return Delivery (mark one):

☐ FedEx: Account #

☐ Hold for Pick Up

☐ Mail to Address Above

☐ Other (explain below)

Order Description (include items being ordered and fee breakdown)*:

* **PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification.)

Total Amount:

Method of Payment:

☐ Check/Money Order ☐ eCheck/Credit Card (attach checklist) ☐ Trust Account

☐ Use balance remaining in job #



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2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Date:

2-Hour Expedite Service Requested: **\$500.00** Fee Included

Return to:

Address:

Phone:

Contact Person:

Return Delivery (mark one): ☐ FedEx: Account #

☐ Hold for Pick Up ☐ Mail to Address Above ☐ Other

Confirmation Fax Number: Confirmation E-mail Address:

Name of Entity:

Order Description (include items being ordered and fee breakdown)*:

* **PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. *Each additional copy is \$2.00 per page (plus \$30.00 for each certification.)*

Total Amount:

Method of Payment:

☐ Check/Money Order ☐ eCheck/Credit Card (attach checklist) ☐ Trust Account

☐ Use balance remaining in job #



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1-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Date:

1-Hour Expedite Service Requested: **\$1000.00** Fee Included

Return to:

Address:

Phone:

Contact Person:

Return Delivery (mark one): ☐ FedEx: Account #

☐ Hold for Pick Up ☐ Mail to Address Above ☐ Other (explain below)

Confirmation Fax Number: Confirmation E-mail Address:

Name of Entity:

Order Description (include items being ordered and fee breakdown)*:

* **PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. *Each additional copy is \$2.00 per page (plus \$30.00 for each certification.)*

Total Amount:

Method of Payment:

☐ Check/Money Order ☐ eCheck/Credit Card (attach checklist) ☐ Trust Account

☐ Use balance remaining in job #



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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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ePayment Checklist (For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type: Counter ☐ Mail ☐ Fax ☐

Order Processing Requested:

(Expedite Processing Requires Additional Fees)

Regular Processing ☐ 24-HOUR Expedite ☐ 2-HOUR Expedite ☐ 1-HOUR Expedite ☐

Payment by Electronic Check (account holder name and address required below)

Account Type:

☐ Checking

☐ Savings

Routing Number:

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Account Number:

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Amount of Electronic Check: USD \$

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Payment by Card (card holder name and billing address required below)

Card Type:

VISA ☐

MasterCard ☐

Discover ☐

American Express ☐

Customer Credit Card Number:

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* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date:

Month

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Amount to Charge Card: USD \$

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Order Information (required)

Entity Name/Order Reference:

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Account/Card Holder Information:

Name as it Appears on the Account

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Billing Address

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City, State, Zip

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Telephone

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Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X

Authorized Signature

Not to Exceed Amount: USD \$

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